

Debtor 1 Sam A. Stewart
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO

Case number 17-61659
(if known)

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8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ **625.00**

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:

From Part 4 on Schedule E/F, copy the following:		Total claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	2,136.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	2,136.00

Fill in this information to identify your case:

Debtor 1	Sam A. Stewart		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF OHIO		
Case number	17-61659		
(if known)			

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.
☐ Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

<p>4.1</p> <p>Big Picture Loans</p> <p>Nonpriority Creditor's Name</p> <p>PO Box 704</p> <p>Watersmeet, MI 49969</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>n/a</u></p> <p>When was the debt incurred? <u>2019</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Loan</u></p>	<p>\$1,355.00</p>
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4.2

Dominion East Ohio

Nonpriority Creditor's Name

PO Box 26785**Richmond, VA 23261-6785**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **n/a****\$690.00**When was the debt incurred? **2019**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Utility Services**

4.3

Ohio Edison

Nonpriority Creditor's Name

PO Box 3687**Akron, OH 44309-3637**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **n/a****\$420.00**When was the debt incurred? **2019**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Utility**

4.4

T-Mobile

Nonpriority Creditor's Name

PO Box 629025**El Dorado Hills, CA 95762**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **n/a****\$1,690.00**When was the debt incurred? **2019**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Cell Phone****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

			Total Claim
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ 0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
Total claims from Part 2	6f. Student loans	6f.	\$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 4,155.00
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 4,155.00

Fill in this information to identify your case:

Debtor 1	<u>Sam A. Stewart</u>
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	<u>NORTHERN DISTRICT OF OHIO</u>
Case number (If known)	<u>17-61659</u>

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

		Debtor 1	Debtor 2 or non-filing spouse
<p>1. Fill in your employment information.</p> <p>If you have more than one job, attach a separate page with information about additional employers.</p> <p>Include part-time, seasonal, or self-employed work.</p> <p>Occupation may include student or homemaker, if it applies.</p>	Employment status	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
	Occupation		
	Employer's name		
	Employer's address		
	How long employed there?		

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ 0.00	\$ N/A
3. Estimate and list monthly overtime pay.	+\$ 0.00	+\$ N/A
4. Calculate gross income. Add line 2 + line 3.	\$ 0.00	\$ N/A

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 0.00	\$ N/A
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ N/A
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ N/A
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ N/A
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ N/A
5e. Insurance	5e. \$ 0.00	\$ N/A
5f. Domestic support obligations	5f. \$ 0.00	\$ N/A
5g. Union dues	5g. \$ 0.00	\$ N/A
5h. Other deductions. Specify:	5h.+ \$ 0.00	\$ N/A
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ N/A
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ N/A
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ N/A
8b. Interest and dividends	8b. \$ 0.00	\$ N/A
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ N/A
8d. Unemployment compensation	8d. \$ 0.00	\$ N/A
8e. Social Security	8e. \$ 0.00	\$ N/A
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ N/A
8g. Pension or retirement income	8g. \$ 0.00	\$ N/A
8h. Other monthly income. Specify: Odd Jobs	8h.+ \$ 580.00	\$ N/A
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 580.00	\$ N/A
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 580.00 + \$ N/A = \$ 580.00	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ 580.00	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain:		

Fill in this information to identify your case:

Debtor 1 Sam A. Stewart

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO

Case number 17-61659
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

- 4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues

4a. \$ 0.00

4b. \$ 0.00

4c. \$ 75.00

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

6. Utilities:

6a. Electricity, heat, natural gas	6a. \$	258.00
6b. Water, sewer, garbage collection	6b. \$	60.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	120.00
6d. Other. Specify: _____	6d. \$	0.00

7. Food and housekeeping supplies

7. \$ 250.00

8. Childcare and children's education costs

8. \$ 0.00

9. Clothing, laundry, and dry cleaning

9. \$ 75.00

10. Personal care products and services

10. \$ 50.00

11. Medical and dental expenses

11. \$ 85.00

12. Transportation. Include gas, maintenance, bus or train fare.
Do not include car payments.

12. \$ 200.00

13. Entertainment, clubs, recreation, newspapers, magazines, and books

13. \$ 50.00

14. Charitable contributions and religious donations

14. \$ 0.00

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance 15a. \$ 0.00

15b. Health insurance 15b. \$ 0.00

15c. Vehicle insurance 15c. \$ 89.00

15d. Other insurance. Specify: _____ 15d. \$ 0.00

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.
Specify: _____

16. \$ 0.00

17. Installment or lease payments:

17a. Car payments for Vehicle 1 17a. \$ 0.00

17b. Car payments for Vehicle 2 17b. \$ 0.00

17c. Other. Specify: _____ 17c. \$ 0.00

17d. Other. Specify: _____ 17d. \$ 0.00

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).

18. \$ 0.00

19. Other payments you make to support others who do not live with you.

19. \$ 0.00

Specify: _____

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property 20a. \$ 0.00

20b. Real estate taxes 20b. \$ 0.00

20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00

20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00

20e. Homeowner's association or condominium dues 20e. \$ 0.00

21. Other: Specify: _____

21. +\$ 0.00

22. Calculate your monthly expenses

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

\$ 1,312.00

\$

\$ 1,312.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 580.00

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 1,312.00

23c. Subtract your monthly expenses from your monthly income.
The result is your monthly net income.

23c. \$ -732.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.

Explain here: _____

Fill in this information to identify your case:

Debtor 1	<u>Sam A. Stewart</u>		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>NORTHERN DISTRICT OF OHIO</u>		
Case number	<u>17-61659</u>		
(if known)			

☒ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Sam A. Stewart

Sam A. Stewart
Signature of Debtor 1

X _____

Signature of Debtor 2

Date August 3, 2019

Date _____

CERTIFICATE OF SERVICE

I certify that on August 3, 2019, a true and correct copy of the foregoing was served:

Via the Court's Electronic Case Filing System on these entities and individuals who are listed on the Court's Electronic Mail Notice List:

Dynele Schinker-Kuharich, on behalf of the Chapter 13 Trustee at
DLSK@chapter13canton.com, DLSK@ecf.epiqsystems.com

Office of the U.S. Trustee at USTP.Region09@usdoj.gov

Via regular U.S. mail, postage prepaid, to:

Sam Stewart, 1215 Wallace Avenue SE, Canton, OH 44707

All Creditors on Attached Matrix

/s/ Maurice E. Graham
Maurice E. Graham (0072205)
Attorney for Debtor

Label Matrix for local noticing
0647-6
Case 17-61659-rk
Northern District of Ohio
Canton
Sat Aug 3 12:11:27 EDT 2019

United States Bankruptcy Court
Ralph Regula U.S. Courthouse
401 McKinley Avenue SW
Canton, OH 44702-1745

Ohio Department of Taxation
Attn: Bankruptcy Division
PO Box 530
Columbus, OH 43216-0530

PRA Receivables Management, LLC
PO Box 41021
Norfolk, VA 23541-1021

(p)CBSC
1225 N MAIN ST
CANTON OH 44720-1959

AT&T
PO Box 8100
Aurora, IL 60507-8100

Aldous & Associates
PO Box 171374
Salt Lake City, UT 84117-1374

Cavalry Portfolio Services
500 Summit Lake Drive Suite 4A
Valhalla, NY 10595-2323

CSE Federal Credit Union
1380 Market Avenue North
Canton, OH 44714-2606

Canton Municipal Court
218 Cleveland Avenue SW
Canton, OH 44702-1906

Credence Resource Mgmt
6045 Atlantic Blvd, Suite 210
Norcross, GA 30071-1322

Cavalry SPV I, LLC
500 Summit Lake Drive, Ste 400
Valhalla, NY 10595-2321

Cenlar FSB
425 Phillips Blvd
Trenton, NJ 08618-1430

JD Receivables LLC
Agent for KAY JEWELERS
PO Box 382656
Germantown, TN 38183-2656

Credit Collection Services
PO Box 607
Norwood, MA 02062-0607

Dinsmore & Shohl LLP
1 South Main Street, Suite 1300
Dayton, OH 45402-2058

(p)OHIO ATTORNEY GENERAL'S OFFICE
ATTN BANKRUPTCY UNIT COLLECTIONS ENFORCEMENT
150 E GAY ST
21ST FLOOR
COLUMBUS OH 43215-3191

Kay Jewelers
375 Ghent Road
Akron, OH 44333-4600

NPRTD Ohio, LLC
256 West Data Drive
Draper, UT 84020-2315

OneMain
6801 Colwell Blvd
Irving, TX 75039-3198

Ohio Bureau of Motor Vehicles
PO Box 16520
Columbus, OH 43216-6520

Ohio Department of Taxation
Bankruptcy Division
P.O. Box 530
Columbus, OH 43216-0530

SYNCB
PO Box 965005
Orlando, FL 32896-5005

OneMain
PO Box 3251
Evansville, IN 47731-3251

Progressive Insurance Company
6300 Wilson Mills Road
Cleveland, OH 44143-2182

State of Ohio
Collections Enforcement
150 East Gay Street, 21st Floor
Columbus, OH 43215-3191

Stark County Common Pleas
115 Central Plaza North
Canton, OH 44702-1405

Stark County Treasurer
110 Central Plaza South
Suite 510
Canton, OH 44702-1413

State of Ohio
Office of the Attorney General
6305 Emerald Parkway
Dublin, OH 43016-3241

Stephen D. Miles
18 West Monument Avenue
Dayton, OH 45402-1202

Verizon
by American InfoSource LP as agent
PO Box 248838
Oklahoma City, OK 73124-8838

Verizon Wireless
PO Box 26055
Minneapolis, MN 55426-0055

Dynele L Schinker-Kuharich
Office of the Chapter 13 Trustee
200 Market Avenue North, Ste. LL30
Canton, OH 44702-1435

Maurice E. Graham
Graham & Associates Law Offices, LLC
333 S. Main Street Suite 601
Akron, OH 44308-1228

Sam A. Stewart
1215 Wallace Avenue SE
Canton, OH 44707-2651

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified
by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

CBSC
1225 N. Main Street
North Canton, OH 44720

(d)Credit Bureau Stark County Inc
6973 Promway Avenue NW
North Canton, OH 44720

Office of the Attorney General
Collections Enforcement Section
150. E Gay Street
Columbus, OH 43215-3191

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

(u)OneMain Financial Services Inc.

(d)PRA Receivables Management, LLC
PO Box 41021
Norfolk, VA 23541-1021

End of Label Matrix	
Mailable recipients	34
Bypassed recipients	2
Total	36